

sponse options; 4) ease of completing the questionnaire; 5) relevancy of the items; 6) formatting (e.g., design and placement of instructions, font, placement of items on page); and 7) identification of new concepts (e.g., functional areas or activities that patients consider relevant and not represented by existing items). **RESULTS:** Twenty COPD patients were interviewed: 12 (60%) males; mean age = 63.0 ± 11.3 years; 14 (70%) Caucasian; 12 (60%) retired; mean FEV₁ = 1.5 ± 0.5 liter; FEV₁% predicted = 48.4 ± 13.1. Content of the FPI-SF was seen as comprehensive and represented activities participants found important and often difficult to perform. Participants understood the instructions, items, and response options as intended. No new concepts were identified. Two minor formatting changes were suggested to improve clarity. **CONCLUSIONS:** These results, together with its development history and previously tested quantitative properties, suggest the FPI-SF is content valid for use in clinical studies of COPD.

PRS57

PATIENT REPORTED BURDEN OF ASTHMA BRONCHIALE IN THE SLOVAK REPUBLIC

Tomek D¹, Bielik J², Vissnansky M³, Helbich M⁴, Hroncova D⁵

¹Pharmaceutical Faculty at Comenius University, Bratislava, Slovak Republic, ²Trencin University, Trencin, Slovak Republic, ³Slovak Society for Pharmacoeconomics, Bratislava, Slovak Republic, ⁴Caldera Ltd., Banská Štiavnica, Slovak Republic, ⁵Mediforum, Non-commercial Educational Center of GSK, Bratislava, Slovak Republic

OBJECTIVES: Over the past few decades the treatment of asthma bronchiale has experienced huge progress. Hospitalizations and emergency visits almost disappeared and majority of patients with severe asthma are active in work and leisure activities. However asthma still presents significant burden on patient's daily living. Objective of the study was to explore the burden of asthma on everyday life from the patient's perspective. **METHODS:** From May till September 2010, 506 patients were enrolled in a prospective 6 months study in the Slovak Republic with moderate and severe persistent asthma. A total of 461 patients returned valid diaries recording everyday asthma related symptoms and use of treatment over period of 3 months. Clinical and treatment data have been recorded by the physician for the period of 6 months. **RESULTS:** The mean age of patients is 50 yrs with disease duration of 12 years. Majority of patients are women (71%) and with moderate asthma (88%). Most patients are active at work or study (85%) with 11% disabled and only 4% unemployed. 31% patients have ever experienced a negative impact of asthma on their employment opportunities. The impact of asthma on everyday life is still large. According to patient diaries the patients suffer from asthma symptoms (% of days with symptom of all severities/severe symptoms): any of the monitored symptoms (67/19), dyspnoe (46/8), cough (49/10), wheezing (32/6), limitation of daily activities (37/8), sleep disturbance (30/9), limitation of work activities (25/2.5). The need for medical services such as unscheduled visits (0.53/person year) or hospitalizations (0.036/person year) is less frequent. **CONCLUSIONS:** The data demonstrate that asthma is still present in most of patient days including the presence of symptoms and impact on personal and work life of patients. Patient insight is very valuable and should be incorporated more within the routine treatment in order to get asthma under better control.

PRS58

TREATMENT OUTCOMES OF NEW SMEAR POSITIVE PULMONARY TUBERCULOSIS PATIENTS IN NORTH EAST LIBYA

Solliman MM¹, Hassali MA², Shafie AA³, Atif M⁴, Saleem F⁵, Al-Haddad MS⁶, Hadidan M⁷

¹Universiti Sains Malaysia, P.Penang, Malaysia, ²Universiti Sains Malaysia, Minden, Penang, Malaysia, ³Universiti Sains Malaysia (USM), Penang, Penang, Malaysia, ⁴Universiti Sains Malaysia (USM), Pinang, Malaysia, ⁵Universiti Sains Malaysia (USM), Pinang, Malaysia, ⁶Universiti Sains Malaysia, Gelugor, P.Penang, Malaysia, ⁷Alfath Medical Sciences University, Tripoli, Tripoli, Libya

OBJECTIVES: This study was designed to evaluate treatment outcome of pulmonary tuberculosis patients by using WHO/IUATLD classification and investigate factors associated with unsuccessful outcome. **METHODS:** The study was designed as a retrospective evaluation of patients with smear confirmed pulmonary tuberculosis visiting two specialized hospitals in North East Libya. All patients who registered during 2008-2009 were enrolled. Standardized protocol was used to collect the required data. Descriptive analysis was computed for demographic and clinical characteristics. Chi-square test with significance level of 0.05 was used to determine association between variables. Data was analyzed by Statistical Package for the Social Sciences version 16.02. **RESULTS:** Three hundred and twenty seven patients were notified during the study period. Using the WHO/IUATLD criteria, cure and treatment completion rate was 1.2% and 57.5%, respectively. Treatment failure occurred in 7(2.1%) cases. Ninety (27.5%) patients defaulted treatment, 11 (3.4%) died and 26 (8%) transferred out. Nationality, sex, educational level, area of residence and smoking were associated with unsuccessful treatment outcome. **CONCLUSIONS:** Improving clinical and laboratory infrastructure in peripheral areas, educating defaulters about benefits of completing therapy and stratifying foreigners as high risk groups could improve success rate. Measures should be taken to improve professional commitment and expertise of health care professionals.

PRS59

QUALITY OF LIFE IN SEVERE PERSISTENT UNCONTROLLED ASTHMA: PATIENTS AND CAREGIVERS IN THE SPANISH PEDIATRIC POPULATION: A PREX STUDY

Galera J¹, Lahoz R¹, Herráez L¹, Casafont J¹, Plaza A², Vennera M³

¹Novartis Farmacéutica, S.A., Barcelona, Spain, ²Hospital Sant Joan de Déu, Esplugues de Llobregat, Spain, ³Hospital Clínic de Barcelona, Barcelona, Spain

OBJECTIVES: To assess the quality of life (QoL) in patients with severe persistent uncontrolled asthma and their caregivers, in the asthmatic Spanish pediatric population in specialist consultation. **METHODS:** An observational, cross-sectional, multicenter (pneumology and allergy) study was done. Inclusion criteria were:

male and female patients, 6> years old ≤14, diagnosed with severe persistent asthma [controlled and uncontrolled (ratio 5:2), according to physician criteria], with data of clinical history and spirometry in the last 6 months. QoL in pediatric patients and caregivers using PAQLQ and PACQLQ questionnaires, respectively, and diagnostic concordance between physician criteria and GEMA, were determined. **RESULTS:** A total of 207 patients were included, 33.8% with severe persistent uncontrolled asthma and mean age ± SD of 10.4 ± 2.3 vs. 11.5 ± 2.1 years in patients controlled (p = 0.0015). Of all patients, 61.4% were male, BMI were 19.4 ± 3.8 kg/m² and time from diagnosis was 5.5 ± 3.4 years. Uncontrolled patients had a higher number of exacerbations (7.4 ± 5.2 vs. 3.2 ± 2.8, p < 0.0001), emergency room visits number (2.4 ± 3.3 vs 1.0 ± 1.3, p < 0.0001), FVC and FEV₁ percentage <80% (28.4% vs 18.5%, p < 0.0270 and 47.5% vs 28.6%, p < 0.0069, respectively). QoL in uncontrolled patients (114.2 ± 30.2 vs 137.8 ± 25.6) and their caregivers (64.2 ± 17.3 vs 74.7 ± 17.9) was worse compared to controlled patients (p < 0.0001, both). Concordance between physician versus GEMA asthma control evaluation was moderate, showing that 34.3% of patients with poor controlled asthma according to GEMA would be considered controlled according physician criteria (k: 0.4, 95% CI: 0.3-0.6). **CONCLUSIONS:** Uncontrolled asthma patients have worse QoL, affecting their caregivers. One third of physicians underestimate patients with uncontrolled asthma.

PRS60

THE IMPACT OF SEVERE POOR-CONTROLLED ASTHMA ON PATIENTS' QUALITY OF LIFE CONTROL STUDY

Galera J¹, Lahoz R¹, Herráez L¹, Casafont J¹, Vennera M², Picado C²

¹Novartis Farmacéutica, S.A., Barcelona, Spain, ²Hospital Clínic de Barcelona, Barcelona, Spain

OBJECTIVES: Asthma symptoms can lead to physical and social activities limitations, deteriorating the quality of life (QoL) of patients. Given the high percentage of asthmatic uncontrolled patients, it is important to assess how the lack of control affects the QoL. **METHODS:** An observational, cross-sectional and multicenter study with severe persistent asthma patients according to GEMA, in specialist consultation (pneumology and allergy) was done. QoL was assessed using Mini-AQLQ questionnaire (domains: daily activity limitation, symptoms, emotions and environment) according to GEMA and physician criteria, and patients' perception. Anxiety and depression according to GEMA criteria and patient's perception, and hyperventilation were assessed using the Hospital Anxiety and Depression scale and the Nijmegen questionnaire, respectively. **RESULTS:** A total of 343 patients were enrolled, being the mostly women (67.6%). Uncontrolled patients had worse QoL scores according to GEMA, physician criteria and patient perception [4.4 (1.3) versus 6.1 (1.0), 4.2 (1.2) versus 5.7 (1.2), 3.9 (1.1) versus 5.5 (1.2), respectively, p < 0.0001 in all cases]. These patterns were also observed in the different dimensions of QoL assessed (p < 0.0001 in all cases). The anxiety was associated with a poor control asthma according to the GEMA [7.7 (4.4) versus 4.9 (3.1), p = 0.0003] and patient perception [8.4 (4.4) versus 6.1 (3.9), p < 0.0001]. Depression also showed significant association with poor control according to GEMA and patient perception [4 (4.3) versus 2.3 (2.7) and 6.2 (4.1) versus 3.5 (3.9), respectively, p < 0.0001 in both cases]. Similarly, the degree of hyperventilation was higher in uncontrolled patients according to GEMA and patients perception [19.2 (10.0) versus 9.6 (8.5) and 21.9 (9.3) versus 13.5 (9.5), respectively, p < 0.0001 in both cases]. **CONCLUSIONS:** Uncontrolled asthma patients have worse quality of life, showing a greater degree of anxiety, depression and hyperventilation.

PRS61

AGE HAS NO SIGNIFICANT IMPACT ON HEALTH-RELATED QUALITY OF LIFE IN PATIENTS HOSPITALIZED FOR COPD EXACERBATIONS

Antoniou SA¹, Puiu A², Zaharia BG³, Azoicai D⁴

¹University of Medicine and Pharmacy, Iasi, Romania, ²Sf Spiridon University Hospital, Iasi, Romania, ³Sf Ioan Emergency University Hospital, Iasi, Romania, ⁴University of Medicine and Pharmacy, Iasi, Romania

OBJECTIVES: To evaluate the impact of age on health related quality of life in patients hospitalized for COPD exacerbations, given the fact that little is known on this aspect. **METHODS:** Analysis of data from patients with COPD exacerbation admitted in an university hospital between March and November 2008. Elderly patients were defined as having an age of at least 65 years. Lung function, dyspnea level at hospital admission, and health-related quality of life (CCQ, WHO-Five Well-being Index- WHO-5) were among the variables analyzed comparatively in elderly (E) and younger (Y) patients respectively. **RESULTS:** Included in the analysis were 72 patients, 42 (58.3%) were ex smokers, and there were 45 E patients and 27 Y patients. Elderly patients had more severe dyspnea at admission, more impaired lung function during hospitalization, and required longer hospitalizations. E patients had a more impaired health-related quality of life at admission as compared to Y patients but this was not significantly altered (at admission WHO-5 score 19.28 E versus 22.81 Y, p = 0.49; CCQ symptoms score 3.64 for E and 3.26 for Y, p = 0.23; CCQ functional score 3.63 for E and 3.25 for Y, p = 0.27, CCQ mental score 3.75 for E and 3.40 for Y, p = 0.4, CCQ total score 3.66 for E and 3.30 for Y, p = 0.19). Health-related quality of life at discharge was found to be slightly and non significantly impaired in E patients as compared to Y patients. **CONCLUSIONS:** This analysis demonstrated that elderly patients hospitalised for a COPD exacerbation had a more impaired health-related quality of life even if no statistically significant differences were detected.

PRS62

COMPARISON OF GENERIC AND DISEASE SPECIFIC QUALITY OF LIFE MEASURES IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Agh T, Inotai A, Meszaros A
Semmelweis University, Budapest, Hungary